

UNITED STATES NATIONAL STAGE WORKSHOP (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 10/519174

Publication Date 1-8-04

Publication No. WO 2004 003548 PCT/RO/101

Copy of ISR TP, Copy of IPER \_\_\_\_\_

Assignee information: \_\_\_\_\_

Priority Info: Country DE No. 102 28 548,9 date 6-26-05 TP MORE (turn over)

Correspondence checked: 23552

Inventor Name checked: F \_\_\_\_\_

Inventor Residence city: Westendorf, state and/or country ATX citizenship: ATX

International Application No. PCT \_\_\_\_\_ / \_\_\_\_\_ Language \_\_\_\_\_

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes ✓ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 150; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 6 Chargeable 4 Independent 1 multiple 16

Number of drawing Sheets: \_\_\_\_\_ Foreign language: \_\_\_\_\_

Oath/Declaration: ✓; signed ✓ unsigned ✓ defective ✓ completed 9-1-05

Small entity fee: ✓; SME papers: yes ✓ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered ✓ not entered \_\_\_\_\_

Preliminary Amendment(s): ✓ date: 20 Dec 04, 2<sup>nd</sup> amendment date: \_\_\_\_\_

IDS: ✓ DATE: 3118-05 2<sup>nd</sup> DATE: \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ✓ date \_\_\_\_\_; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ✓, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 20 Dec 04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 9-1-05

Notice of Missing Requirements: 7-9-05

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: \_\_\_\_\_

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: 304

Extension of time: Number of months \_\_\_\_\_

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-7-05

2 Serial/Patent # 10/519174

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		<u>12-20-04</u>	\$ <u>50.00</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND

\$50.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 13-2725

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

Charlotta Burt

TITLE:

Paralegal

SIGNATURE:

PHONE:

308-9140x307

OFFICE:

PCT

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APPROVED:

DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
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